## PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number

Effective October 1, 2001

BHT-3214-6

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                      |                                                |                                           |              |                      |                              |                  |            | SMALL ENTITY TYPE OF |                        |         | OTHER THAN R SMALL ENTITY |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|--------------|----------------------|------------------------------|------------------|------------|----------------------|------------------------|---------|---------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                        |                                                |                                           | -7           |                      |                              |                  | ] [        | RATE                 | FEE                    |         | RATE                      | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                 |                                                |                                           | NUMBER FILED |                      | NUMBER EXTRA                 |                  |            | BASIC FEE            | 370.00                 | OR      | BASIC FEE                 | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                             |                                                |                                           | 8 minus 20=  |                      | * Ø                          |                  |            | X\$ 9=               |                        | OR      | X\$18=                    |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                  |                                                |                                           | / mir        | nus 3 =              | * 9                          |                  |            | X42=                 |                        | OR      | X84=                      |                        |
| MU                                                                                                                                                                                                                                                                                                                  | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT       |                      |                              |                  |            | +140=                |                        | OR      | +280=                     | /                      |
| * If the difference in column 1 is less than zero, en                                                                                                                                                                                                                                                               |                                                |                                           |              |                      | r "0" in d                   | column 2         |            | TOTAL                | 375                    | OR      | TOTAL                     | /                      |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                         |                                                |                                           |              |                      |                              |                  |            | OTHER THAN           |                        |         |                           |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                | (Column 1)<br>CLAIMS                      |              | (Colu                |                              | (Column 3)       | <b>)</b> , | SMALL                |                        | OR<br>I | SMALL                     |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                         |                                                | REMAINING<br>AFTER<br>AMENDMENT           |              | NUM<br>PREVI         | BER<br>OUSLY                 | PRESENT<br>EXTRA |            | RATE                 | ADDI-<br>TIONAL<br>FEE |         | RATE                      | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                          | * 8                                       | Minus        | ** 2                 | 8                            | = /              |            | X\$ 9=               |                        | OR      | X\$18=                    | $\checkmark$           |
|                                                                                                                                                                                                                                                                                                                     | Independent                                    | * /                                       | Minus        | ***                  | 3                            | ]=\              | 11         | X42=                 |                        | OR      | X84=                      | $\bigcap$              |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESE                                    | NTATION OF M                              | JETIPLE DEP  | ENDEN                | CLAIM                        |                  | J          | +140=                |                        | OR      | +280=                     | 4                      |
|                                                                                                                                                                                                                                                                                                                     |                                                |                                           |              |                      |                              |                  | Į          | TOTAL<br>ADDIT. FEE  |                        | OR      | TOTAL<br>ADDIT. FEE       | į.                     |
|                                                                                                                                                                                                                                                                                                                     | (Column 1) (Column 2) (Column 3)               |                                           |              |                      |                              |                  |            |                      |                        |         | ADDII. FEET               |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                         |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVI | HEST<br>IBER                 | PRESENT<br>EXTRA |            | RATE                 | ADDI-<br>TIONAL<br>FEE |         | RATE                      | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                          | *                                         | Minus        | **                   |                              | =                | ] [        | X\$ 9=               |                        | OR      | X\$18=                    |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent                                    | *                                         | Minus '      | ***                  | T OL AILA                    | =                | ┧┇         | X42=                 |                        | OR      | X84=                      |                        |
| L                                                                                                                                                                                                                                                                                                                   | FIRST PRESE                                    | NTATION OF M                              | JLTIPLE DEP  | ENDEN                | CLAIM                        |                  | ┙╽         | +140=                |                        | OR      | +280=                     |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                |                                           |              |                      |                              |                  | L          | TOTAL<br>ADDIT. FEE  |                        | OR      | TOTAL<br>ADDIT. FEE       |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                | (Column 1)                                |              | (Colu                | mn 2)                        | (Column 3)       | •          | ADDII. 1 LL •        |                        | •       | ADDII. 1 EE               |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                         |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |            | RATE                 | ADDI-<br>TIONAL<br>FEE |         | RATE                      | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                          | *                                         | Minus        | **                   |                              | =                | ] [        | X\$ 9=               |                        | OR      | X\$18=                    |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent                                    | *                                         | Minus        | ***                  | T OL 411                     |                  | 4 [        | X42=                 |                        | OR      | X84=                      |                        |
| Ľ                                                                                                                                                                                                                                                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |              |                      |                              |                  |            | +140=                |                        | OR      | +280=                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                               |                                                |                                           |              |                      |                              |                  |            |                      |                        | OB      | TOTAL                     |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |              |                      |                              |                  |            |                      |                        |         |                           |                        |